RECEIVED

SEP 25 1948

BUREAU V. S.

correct age

ADING INK. Supply every item of information carefully—the Physicians: please write the causes of death clearly and legibly.

WRITE PLAINLY, is especially

PLEASE

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

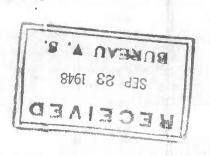
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09796

CERTIFICATE OF DEATH

Reg. Dist. No. 353

CERTIFICA	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
XATE GIBBS HALL	3. (b) Social Security Number
4. Sex 5. Color or race 5. (a) Single, married, widowed, or divorced with without	MEDICAL CERTIFICATION 20. DATE DF DEATH. Sept 18 1948 21 8 100
6.(b) Name of husband or wife Author C. Hall— 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Mohths Days if less than one day 3 hrs. min.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.47 to Legst 18.48 and that I last saw half alive on Legst 19.48 Immediate cause of death DURATION Coatil Stands 5.5
9. Birthplace (Town, county, and atate) 10. Usual occupation Service of the service of th	Due to
11. Industry or business 12. Name Hibbs .	Dither conditions
14. Maiden name Sails Parvell. St. Birthplace	Major findings of operations
Address Berlin and RFD. 17. (Burial, cremation, or removal, Which?) Date thereof. (month) (day) (seat)	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Evergree Location	Where did injury occur?
Address 19. Q - 20 - 19. (Date rec'd by registrar) 19. The state of	21. SIGNATURE Dathanael J. Hisson M.D. or other



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

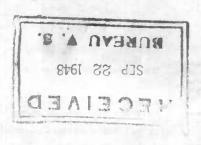
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09797

351

CERTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Rog, Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For ny whorn infanty give residence of mother) State County County City or twn
3. (a) FULL NAME Odla a. Herman 4. Sex 5. Color or race 8. (a) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
6.(6) Name of husband or wite Memors J. Herman	2D. DATE DF DEATH SECURITY OF THE DEATH SECURITY THAT death occurred on the date above stated; that lettended accessed from
7. Birth date of deceased (mo., day, yr.) ACC 25 — 800 8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace Manual Hollowing and attate)	and that I last saw here alive on Sept 5 19.48 Immediate cause of death DURATION 2 Larp Due 10. Cusmic Congustive Carloin 3 yes
1D. Usual occupation 11. Industry or business 12. Name	Due to. de general Cardovascular Other conditions Other conditions
13. Birthplace 14. Maiden name	(Include pregnancy within 3 months of death) Major fiedings of operations. Date of op.
Address Date thereof (Burial Cremation, or removal, Which?) Cemetery or crematory.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
18. Funeral director	Injured at home, farm, Industry, public place (where?) Means of Injury 1 injured at work? 23. SIGNATURE



09798

2411 N. Charl	lea St., Baltimore
CERTIFICAT	TE OF DEATH 940 Reg. Diat. No. 350
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State. Many County County City or town limits, write RURAL and give nearest town)
How long in above place of death? Hospital, Institution, or street address where death occurred: How long in hospital or institution?	Street No. (If rural, give LOCATION) 2.(a) It veteran, name war World Way
3. (a) FULL NAME John S. Jones	3. (b) Social Security Number
4. Sex 5. tolor or race 8.(a) Single, married, widowed, or divorced Male White Married	MEDICAL CERTIFICATION 20, DATE OF DEATH September 7 1948 at 104 m
6,(b) Name of hupband or wife. Usolo That Jones	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 17 hrs. min.	and that I last saw h. 12 after the Duration Immediate cause of Duration DURATION
9. Birthplaced Common fee Work Sounty, and afate)	Due to.
1D. Usual occupation	Due to
12. Name Marione A Jones 13. Birthplace	The descriptions the Art for the Atlant wheel (Include pregnancy within 3 months of death)
14. Maiden name Lemma Vedden 15. Birthptace	Major findings of operations
16. Informant Mas Viola Mas Jones. Address Qual Pocomobe md.	Antopsy results
17(Burial, cremation, or removal. Which?) Date thereby (month) (day) (year)	22. VIOLENCE: t1 death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Cemetery or crematory. Baptist Camelery	Where did Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?)
18. Funeral direct Stance of The Change	Maans of Injury Injured at work?
Address 19 Sept. 10 19 48 Anni & Phit (Date red d by registrar) Registrar	23. SIGNAT PRESENTED M. D. With F. With F. M. D. With F. With F. M. D. With F. With

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THE STREET

MARYLAND STATE DEPARTMENT OF HEALTH 09799 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No. 355 COLL 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DE (For newborn in ants give residence of mother) on carefully. The State imita, write RURAL and give nearest town City or town. (If outside city or town limits, write RURAL and give nearest town How long in above place of death?..... Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) information of death cles How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION item of i BINDING 20. DATE OF DEAT 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6.(b) Name of husband or wife..... FOR 7. Birth date of Supply ease wri deceased (mo., day, yr.) DURATION tf less than one day Months 8. AGE: RESERVED p 10. Usual occupation. MARGIN 11. Industry or business. 13. Birthplace (Include pregnancy within 8 months of death) Majur findings of operations. especially PHYSICIAN: Please underline the cause to which death should be charged statisticall PLAINLY is especial Address 22. VIOLENCE: tl death was due to external causes, Illian the tollowing: Date thereof..... (month) 回 Cemetery or crematory... Injured at home, tarm, Industry, public 18. Funeral director Address

(Date rec'd by registrar)

23. SIGNATURE

Address.



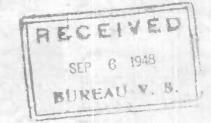
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2411 N. Charles St., Baltimore

DURATION

A .	CERTIFICATE OF DEATH	Reg. Dist. No. 35/
City or town	(If outside city or t	ME) OF DECEASED: Sidence of mother) County
How long in hospital or institution?	2.(a) If reteran, name war	rural, give LOCATION)
3. (a) FULL NAME Johnie Lee	Nelson	3. (b) Social Security Number
Male Scalence S. (a) Single, marrie	ed, widowed, or divorced 2D. DATE DF DEATH.	cal certification
7. Birth date of deceased (mo., day, yr.)	e. rive are years 8/3/1/48	he date above stated; that I attended deceased from 18
9. Birthplace Swow Hill Mancist (Town, county, and etate)	Due to Castro - 8	enteritio
1D. Usual occupation.	Due to	
11. Industry or business 12. Name Pilly J. Held 13. Birthplace	Soy Bther conditions	
14. Maiden name Class Many Many Series Birthpiace	Major findings of aperations	
16. Informant Of Carlot Mills	Autopey results	
Address 17. Date thereof Which? (Burial cremation, or remove Which?)	22. VIOLENCE: If death was due to (month) (day (year) Accident, suicide, or homicide	Date of
Cemetery or crematory Saftival	Where did Injury occur?(City Injured at home, farm, Industry, public	or town) (County) (State place (where?)
1000 E Da	Means of Injury	Injured at work?
18. Funeral director		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

312

	Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State 20 County Wince Les:
How long In above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
How long in hospital or Institution?	2.(a) It veteran, name war
Charlotte Ann Cower	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
tende white widow	20. DATE OF DEATH 27 1948 210,30 AM
6,(b) Name of husband or wife file file.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw a live on 25 19 2
deceased (mo., day, yr.) 8. AGE: Years months Days It less than one day	Immediate cause of death
78 2 12hrsmin.	anana
9. Birthplace (Town, county, and atate)	Due to. Siconi
10. Usual occupation.	
11. Industry or business	Due to
12. Name	Dither conditions Live Reflective
	(Include pregnancy within 3 months of death)
14. Maiden name Sall Thought Sales 15. Birthplace	Major fiadiags of operations. Date of on
16. Interment This many Warren	Autopsy results
Address Bulin Ind.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide
Gemetery or crematory. Odd Julions.	Where did injury occur?
Location Bishopvelle MJ.	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Dune A Bully	Means of Injury Injured at work?
Address Bulin pul.	23. SIGNATURE Than R. for MA
19-30- 148 Helen 4 Hay ward	M, D. or other
(Date rec'd by registrar) Registrar	Address Sistem Md Date signed 9 28 4

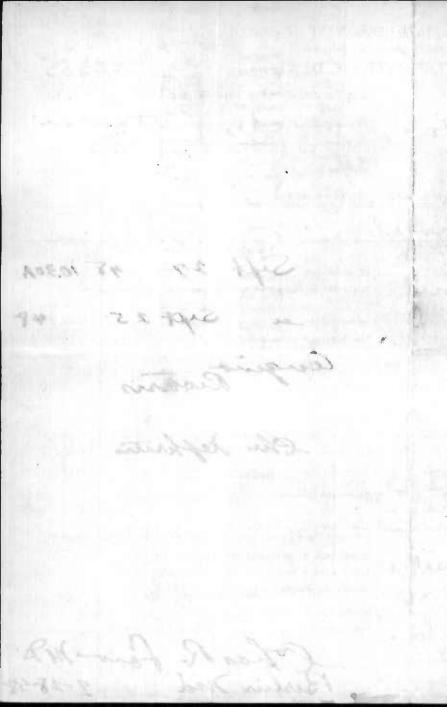
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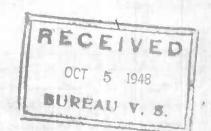
WINTUNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

9-45-15M

PLEASE WRITE PLAINL

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Reg. Diat. No. 353

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County OC To Made	State Md. county Worcester
City or town(If outside city or town limits, write EV RAL and give nearest town)	City or town W. Oceans City (If outside aity or town limits, frite RURAL and give nearest town)
How long in above place of death?	PA ROLL
nospilat, institution, of street audiess where death occurrence.	Street No
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Iselia & Vacvell	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Finale white condoined	20. DATE OF DEATH. Sept 28 19.49 21 5 - 3.24
8.(b) Name of husband or wife. Isaac Paevell	21. I CERTIFY that death occurred on the dats above stated; that Lattended deceased from
7. Birth date of	and that I last saw her ally on sept and that I last saw her ally on
deceased (mo., day, yr.) Jan 26 180	Immediate cause of death. Kesser ctory of occurs 2 DURATION
8. AGE: Years Months Days if less than one day	
78 8 1hrsmin.	Carls this hear lacked ; August
9. Birthplace	Due to.
10. Ucuai occupation Housewfe	attitus - schrifte cardio - "kars.
11. Industry or business	Cascular duranty.
	Other conditions advanced agg:
12. Name Scale Scascore 13. Birthplace See	(Include pregnancy within 3 months of death)
14. Maiden name & Cyabeth Oragus 15. Birthplace Del	Major findiaçs of operations
m. Elembert ME Days	River reality
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address (Seelee / Lank 30 10 10	22. VIOLENCE: ff death was due to external causes, fill in the following:
(Eurial, cremation, or remayal, Which?) Dale thereof	Accident, suicide, or homicide
Cemetery or cramatory Bethel Clinetary	Where did injury occur?
lestion Occasi Occise Leel	Injured at home, farm, industry, public place (where?)
Fleren H- 10 rtone	Méans at Injury Injured at work?
18. Funeral director	m.D.
Address Cocontore Ma	23, SIGNATURE M. D. or other
19. Chate registrary 19 48 Allea Registrary Registrary	Address Clan City W. Water Sept 29, 48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible ARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

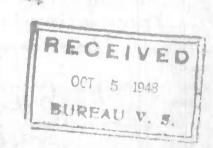
CERTIFICATE OF DEATH

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.... Date signed 9 30 - 48

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County or town. (If outside city or town limit, write RURAL and give nearest town)	State County Worker Les
How long in above place of dealh?	City or town
Hospital, Institution, or street address where death odsyrred:	Street No.
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Margaret Taylor du	elen.
4. Sex 5. Colffor race B.(a) Single, married, widowed, or divorced Level white or arrived.	MEDICAL CERTIFICATION 20. DATE OF DEATH. Seft. 3a
8.(b) Name of hueband or wife Thomas J. Deiellen	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from
7. Birth date of	and that I last saw by alive on Seft 24 19
deceased (mo., day, yr.)	Immediate caose of death
8. AGE: Years Months Days It less than one day	
mln.	
9. Birthplace(Town, eounty, and state)	Due to O
1B. Usual occupation	Due to
11. Industry or business	
12. Name Jaylu Jay	Dither conditions
E 14. Maiden name Condelia Harmon	(Include pregnancy within 3 months of death)
15. Birthplace	Major findings of operations.
16. Informant Mr. Floren J. Quelle.	Actopsy resolts
Address Bioline hil	PHYSICIAN: Please onderline the cause to which death should be charged statistically.
(Burlai eremation, or removal. Which?) Date thereof	22. VIOLENCE: If death was due to external causes, fill in the following:
9	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur? (City or town) (County) (State)
Location D A A	Injured at home, farm, Industry, public place (where?) Meene of Injury Injured at work?
18. Funeral director	11 0 0 29
Addrese Sutur M	23. SIGNATURE Chas R. four MA
19. 10 - & - 1948 Helen 4 - Nay Wand (Date rec'd by registrar) Registrar	Addrees Berlin Dud. Date signed 4.30-4



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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

		Ace. Distriction
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME (For newborn infants gave residence	
County	State Maryland	County Worcestee
City or town	The same	and and
low long in above place of death? 39 Heavy	City or town (If outside city or town li	mits, write RURAL apolgiye nearest town)
ospital, Institution, or street address where death obcurred:	Street No. 601 Hos	with street
		give LOCATION)
ow long in hospital or institution?	2.(a) It veleran, name war	
B. (a) FULL NAME	0	3. (b) Social Security Number
Daniel W. Sh	aw Sv.	
. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL	CERTIFICATION
male white married	20, DATE OF DEATH.	Welember 77,48 ,4:40 9
I wish Shout		above stated; that I altended degleased from
(b) Name of husband or wite	Walsh of	18 48 19 RORT 7 1848
Birth date of	.years and that I fast sawh in alive on	lept 27 10 41
deceased (mo., day, yr.) ///auf 22-/867	Immediate spuse of death.	DURATION
AGE: Years Month's Days It less than one day	Cerobrof Comb	rolus. Ila
81 4 5hrs.	min.	4
Birtholace Philadelphia Juna	Que la Messerters	1. Quelia-
(Town, county, and state)	-1/ours. b	Useaso year
). Usual occupation	Que to	7
1. Industry or business		
12 Name DW Shaw Su	Other conditions	
12. Name Shaw So 13. Birthplace Penna		
1 1-1 17-01	(Include pregnancy withi	n 3 months of death)
14. Maiden name. The Bright Careful Starsfand.	Major findings of operations	
15. Birthplace Maryland,		Date of op
6. Informant D. W. Show Ju.	Autopsy results	
Address Pocomofae Celty 7	PHYSICIAN: Please underline the cause t	o which death should he charged statistically.
B	90022. VIOLENCE: If death was due lo externa	il causes, fill in the following:
(Burial, cremation, or ramoval, Which?) (Burial, cremation, or ramoval, Which?)		
Cemetery or crematory Presbytician Ime	Where did Injury occur?(City or to	wn) (County) (State)
Daniel Citi mo	Injured at home, farm, Industry, public place	
Location) Mesns of injury	Injuged, at work?
18. Funeral director	V .	10 10 1 46.
Address Poconster, my	Tours	H. Flewery Will
2. 64 29 18 and E This	23. SIGNATURE	D D M. V. or other _ 11
The state of the s	istrar Address Ocamo	pl my Date signed 9/27/4

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BUREAU V. S.

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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WRITE PLAINLY, is especially

PLEASE

09805 Reg. Dist. No. **355**

3. (a) FULL NAME David Solve or race 6. (a) Single (farries, widewed, or divorced On American Solve or wite 8. (b) Name of husband or wite 8. (c) If alive, give age 12. I DERTIFY that death accurred fin the date above stated; that I altended deceased from the control of the state of the date above stated; that I altended deceased from the control of the state above stated; that I altended deceased from the control of the state above stated; that I altended deceased from the control of the state above stated; that I altended deceased from the control of the state above stated; that I altended deceased from the control of the state above stated; that I altended deceased from the control of the state above stated; that I altended deceased from the control of the state above stated; that I altended deceased from the control of the state above stated; that I altended deceased from the control of the state above stated; that I altended deceased from the control of the state above stated; that I altended deceased from the control of the state above stated; that I altended deceased from the control of the state above stated; that I altended deceased from the control of the state above stated; that I altended deceased from the control of the state above stated; that I altended deceased from the control of the state above stated; that I altended deceased from the control of the state above stated; that I altended deceased from the control of the state above stated; that I altended deceased from the control of the state above stated in the state above stated above state	1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. 321 5. Color or race 8. (a) Single (Farried, widowed, or dispress 8. (b) Hame of husband or wite. 8. (c) It alive, give age. 9. Birthplace 10. Durat DF DEATH 21. I CERTIFF that death occurred on the date above stated; that I attended deceased from 18. 18. AGE: Years Months 19. Birthplace 10. Usual occupation. 11. Industry or business 11. Industry or business 11. Is alive for conditions. 12. Rame 13. Due to. 14. Maiden name 15. Birthplace 16. Informant 17. Hamil, operation, or camuval, Which) 18. Date thereof. 19. Date the case to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, (fill in the following: Accident, suicide, or obmicide. 18. Fueral director. 18. Fueral director. 18. Fueral director. 18. Date of operations. 18. Fueral director. 19. Birthplace 19. Address 19. Add		
MEDICAL CERTIFICATION 8.(b) Name of husband or wite	Daniel Denry Slock	ley 3. (b) Social Security Number
5.(b) Name of husband or wite	4. Set 5. Color or race 6.(a) Single Married, widowed, or divorced	MEDICAL CERTIFICATION
5.(b) Name of husband or wite	male white widower.	20 DAYE DE DELYU SOLT SA- JEE OA
7. Birth date of deceased (no. day, yr.) 8. AGE: Years Months Days Hiss than one day 9. Birthplace (Town, county, and east) 10. Usual occupation. 11. Industry or business 12. Name 13. Birthplace 14. Maiden name 15. Informant Address 16. Informant Address 17. (Eturial, expenation, or removal, Which!) 18. Date thereof (month) (day) (year) 19. Cemetery or crematery 19. Location 10. Usual of personnel which death should be charged statistically. 19. Manuel at home, farm, industry, public place (where?) Means of injury 19. Immediate cause of death Duration Due to 19. Immediate cause of death Duration Due to 19. Immediate cause of death Duration Due to 10. Usual occupation. Due to 10. Usual occupation. 11. Industry or business (Include pregnancy within 2 months of death) Major findings of operations. Date of op. Aatepsy receit. PHYSICIAN: Please underline the caose to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury 10. Or other	6.(b) Name of husband or wife Europe Seott Shockle	
### Address ### A		19 10
8. AGE: Years Months Days If less than one day Ans. min. 9. Birthplace Town, county, and state) 10. Usual occupation. Town, county, and state) 11. Industry or business 12. Name Due to.	deceased (mo., day, yr.)	
9. Birthplace (Town, county, and sate) 10. Usual occupation	8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
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Due to	Producile IN. 2 - is C. no O	
11. Industry or business 12. Name		Due to Hear
11. Industry or business 12. Name	10. Usual occupation Retired farmer.	Due to.
14. Malden name 15. Birthplace 16. Informant 16. Informant 17. Birthplace 17. Birthplace 18. Funeral director 18. Funeral director 19. Birthplace 19. Birthp	11. Industry or business	
14. Malden name 15. Birthplace 16. Informant 16. Informant 17. Birthplace 17. Birthplace 18. Funeral director 18. Funeral director 19. Birthplace 19. Birthp	12. Name Daniel 21 Shockley Si	Other conditions the Meyocordilio
14. Malden name 15. Birthplace 16. Informant 16. Informant 17. Birthplace 17. Birthplace 18. Funeral director 18. Funeral director 19. Birthplace 19. Birthp	13. 8irthplace Manueland.	
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Antopsy resolts. PHYSICIAN: Please underline the caose to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at work? M. D. or other	E 14. Maiden name	Major findings of operations.
Address PHYSICIAN: Please underline the caose to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	El 15. Birthplace	Date of op.
Address 17. (Burial, elemation, or removal, Which?) Cemetery or crematory. Location (City or town) Address Address 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? M. D. or other	16. Informant Mr. Selecteling	
17. (Burial, elemation, or removal, Which?) Cemetery or crematory	Address Berling med	PHYSICIAN: Please underline the caose to which death should he charged statistically.
Cemetery or crematory. Location Location 18. Funeral director. Address Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at work? M. D. or other	6. 181148	22. VIOLENCE: If death was due to external causes, fill in the following;
Cemetery or crematory. Location (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means ot Injury Injured at work? M. D. or other	(Burial, exemation, or removal, Which?) Date thereof	Accident, suicide, or homicide
Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? Address Address Address Address Address Address M. D. or other	9.444	Where did injury occur?
Address Add	Beal De l	
Address Belling 23. SIGNATURE M. D. or other	Location	
23. SIGNATURE M. D. or other	18. Funeral director	Implied 41 WURT
10-15 us Julion F. Marythan CD 4 - Roll M. D. or other	Address Beelin med	This R Law WA
I TO I TO THE TOTAL TOTAL TOT	المراجع المراج	
	19. (Date rec'd by/registrar) Registrar	

OCT 5 1948
BUREAU V. S.

Good Richery

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09806

	ATE OF DEATH Reg. Dist. No. 355
1. PLACE OF DEATH: (County County Co	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME TOMCZIVK	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MAGE WHITE WIDOWED	20. DATE OF DEATH 7 Sept 19. Y & 21. 4/
6.(b) Name of husband or wife ALEXANDIR N	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	June 19. X & 10 7 Slf x 19.
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) D=C, 22g/880	Immediate cause of death Organio Wolfie Uneumonioun
o. Add.	
9. Birthplace (Town, county, and state)	Due to Canple Clean c Gre S
RETARD LANGER	julguenale 8
	Oue to Truckeelsee
11. Industry or business BHIPYARD - PUSEY13UN-5 CON	7
12. Name	··· Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name AOPECURD 15. Birthplace	
16 Birthplace	Major findings of operations.
	- Dale of op.
16. Informant MRS, HELEN LYNCH	Autupsy results
Address TAYLORSVILLE MID.	22. VIOLENCE: If death was due to external causes, fill in the following:
17. BURIAL Oate thereol (month) (day) (year)	
	Accident, suicide, or homicide
Cemetery or crematory CATHEDRAL CEM.	Where did Injury occur? (City or town) (County) (State)
Location WILMINGTON DEL	Injured at home, tarm, industry, public place (where?)
18. Funeral director, EDWARD FELLOWS	Meens of Injury Injured at work?
	and and and
10	
Address MIN WIN GTON MD,	123. SIGNATURE DENEMANCE MACHINEL



· Va Chank

CERTIFICATE OF DEATH

		4-
Reg.	Diat.	No. 350

1. PLACE OF DEATH: Worcester			2. USUAL RESIDENC	E (HOME) Ol	F DECEASED:		
Posamole City			State Maryland County Worcester				
City or town	outside city or town	iimits, write Rl	JRAL end give nearest town)				
			***************************************	City or town Pocomoke City (12 outside city or town limits, writs RURAL and give nearest town)			
Hospital, Institution, or 408 Ma.	r street address when	e death occurred:		Street No. 408	Market S	t,	
			***************************************		(lf rurai, glve	LOCATION)	
How long in hospital o				2.(a) It veteran, name war.		***************************************	
3. (a) FULL NAM	E					3. (b) Social Security	Number
		Marg	aret J. Townse	end			
4. Ser	5. Color or race	B.(a)Single,	married, widowed, or divorced		MEDICAL CE	ERTIFICATION	
Femal E	White		Widow	20. DATE DE DEATH	Sept,	6. 1948	1130 _P
6.(b) Name of husband	基本器 Johr	F. To	wnsend	II .		ve stated; that I attended deg	
						10 sept	
7. Birth date of	Turno	15. 18	It alive, give ageyears	and that I last saw here	alive oo	ept 6,	13.40
deceased (mo., day,	71.7			Immediate-cause of death	1/0	Λ	DURATION
8. AGE: Year		Days	It less than one day	Cerely		rounders	
71	2	22	hrs,mlo.	e/Lour	pleque	X	204
9. BirthplaceSC	merset (County.	Maryland	Due to.	1000		
		n. county. end at		Metra	1 sten	osis.	
10. Usuat occupation.		TOC WITT	<u>C</u>	Due to Hype	rousi	SON	***************************************
11. Industry or busines					***************************************		
I 12. Name	lilliam	*******************		Dther conditions			• •••••••••
13. Birthplace	Somerse	t Count	y, Maryland		pregnancy within 8 n	gir.	
Moides some	200000000000000000000000000000000000000	?		(Include)	pregnancy within 8 n	nonths of death)	
14. Maiden name 15. 9'rthptace		9		1			
	. 25 h 2	A Times	4 -	-	1-11	Date ot op	***************************************
te. Interment Mrs				Autopsy results		arch death should be charged	at Matia Da
Address Pod	comoke C:	ity, N	laryland		* 1		statisticaby.
, Burial		Dale there	(month) (day) (year)	22. VIOLENCE: It death v			
(Buriol cremation	or removal Whiel	17)	(month) (day) (year)			Dale of	
Cemetery or cremate	ory Oak	Lawn		Where did injury occur?	(City or town)	(County)	(State)
Location East	ern Ave	, Balti	more. Marylan	Injured at home, tarm, Indu	istry, public place (wt	here?)	
	3 11	./ /~	1. 24:00	Means of Injury	0	talured at work?	1
18. Funeral director			1. J.			80 40	//
Address	Pocomok	e city.	Maryland,	23. SIGNATURE	aus'	J. Llewe	um u
Soph	0 .1	8 /	une Esthito	23. SIURATURE	/)	D. V. M. D.	or other
Date rec/d by re	egist/ar)	V	Registrat	Address / OCA	ouro pe	Coy Date signed.	7/4/40

correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consequence is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15



FOR BINDING

MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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1198118

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give regidence of mother)
County	2 1 1 1 1 1 1 1 1
City or town Prusal To Donotel	State County County
(If outside city or town limits, write RURAL and give nearest town)	City or town.
How long in above place of death?	(If outside city or town limits, write RORAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
dence fleet	170-12-2225
4. Sex 5. Color or race/ 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m 1. V/ main	0 77
/11/ Col Married	20. DATE OF DEATH 1948 at 2 Pm
maggie Rogers west	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from
S.(b) Name of husband or wife.	Dent 10 1868 10 1 13 18
7. Birth date of S.	and that I last saw h
deceased (mo., day, yr.)- P , K (1882)	
8. AGE: Years Months Days If lese than one day	Immediate cruse of death
. le lemin.	
9. Birthplace a c coma ex (Town, county, and state)	Oue to
1 Almas	
10. Usual occupation	Due to
11. Industry or businese Daw / Muli	
12. Name Jonk Fundi	Dther conditions
13. Birthplace John / Word	
	(Include pregnancy within 3 months of death)
14. Maiden name Rose Bailey 15. Birthplace a C Coma of to, No.	Major findings of operations.
\$ 15. Birthplace (Comach, to, 1/10,	Date of op.
16. Informant Blatrice. O. Poulson	Autopsy results
mall () son	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address / / Left a / C	22. VIOLENCE: If death was due to external causee, fill in the following:
17 Runal Date thereof Alplember 16, 74	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory.	Where did injury occur?
location shelph (50ston surgeria)	Injured at home, farm, Industry, public place (where?)
Alled II dans da	Meane of Injury Injured at work?
18. Funeral director	1 6 1 41
Address Melha virginia.	Tox becigher
2111 10 B END+	23, SIGNATURE M. D. or other
19 (Date rec'd by registrar) Registrar	Address Date signed The Date signed
(Date 190 0 by registrar)	

